



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS  
**AFFIDAVIT FOR CHANGE OF NAME**

1103 Rear Southwest Boulevard  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

**FOR BOARD FOR CERTIFICATION OF INTERPRETERS USE ONLY**

AFFIDAVIT SENT	AFFIDAVIT RECEIVED	DATE PROCESSED	DATE DEPOSITED
FEE PAID \$		DATE CERTIFICATE SENT	

**INSTRUCTIONS**

We have received your request for a name change. Please complete the information below, have it notarized by a notary public and return it to our office with documentation regarding the origin of your name change.

**RETURN TO:** MISSOURI BOARD FOR CERTIFICATION OF INTERPRETERS, 1103 REAR SOUTHWEST BLVD., JEFFERSON CITY, MO 65109.

**APPLICANT INFORMATION**

APPLICANT FORMER NAME	First	Middle Initial	Last	CERTIFICATE NUMBER	RCED MICS
ADDRESS	Street		City	State	Zip Code
TELEPHONE NUMBER					
DO YOU WANT A DUPLICATE CERTIFICATE SHOWING YOUR NEW NAME?      NO      YES (Enclose \$5.00 duplicate certificate fee made payable to MCDHH/BCI Fund) <b>NO PERSONAL CHECKS ACCEPTED</b>					
PLEASE PRINT YOUR NAME BELOW AS YOU WANT IT TO READ ON YOUR CERTIFICATE					

**AFFIDAVIT**

THE ABOVE NAMED APPLICANT, BEING DULY SWORN, DECLARES THAT SHE/HE IS THE PERSON REFERRED TO ABOVE, THAT THE INFORMATION SUPPLIED HEREIN IS TRUE TO THE BEST OF HER/HIS KNOWLEDGE AND THAT SHE/HE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT		
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		